Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COUNTY PRO SE OFFICE

for the

2022 FEB 15 AM 10: 39

District of

Division

	Case No.
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-	(to be filled in by the Clerk's Office) Jury Trial: (check one) Yes No
ONG I Sland Business Institute Mr. Leon Lee, Professional Business College Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

The Parties to This Complaint I.

A.

B.

The Plaintiff(s)	
Provide the information below for eaneeded.	ach plaintiff named in the complaint. Attach additional pages if
Name	Mise-LENA JEAN-LOUIS
Address	150 Rich word Terr
11441000	
	Staten Island NY 10301 City State Zip Code
County	Richmond
Telephone Number	516 601 2782
E-Mail Address	moiselena reantouis@ amail. com
The Defendant(s)	
individual, a government agency, ar include the person's job or title (if k	ach defendant named in the complaint, whether the defendant is an a organization, or a corporation. For an individual defendant, nown) and check whether you are bringing this complaint against official capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	Mr. Lean Lee
Job or Title (if known)	President
Address	408 Broad Way
	New York NY 10013-5049
	City State Zip Code
County	. US
Telephone Number	[212]226-7300
E-Mail Address (if known)	
	✓ Individual capacity ☐ Official capacity
Defendant No. 2	0 10 5 1000
Name	Professional Business College (PBC
Job or Title (if known)	Establish mont
Address	408 Broad way
	New York Ny 10013-5049 City State Zip Code
County	US
Telephone Number	(212) 726 - 7300
E-Mail Address (if known)	
	☐ Individual capacity ☐ Official capacity

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Defendant No. 3

		Defendant No. 3	
		Name	Long Island Business INStitute
		Job or Title (if known)	Establishment
		Address	408 Broad Way
			New York Dy 10013
			City State Zip Code
		County	WS .
		Telephone Number	(212) 226-7300
		E-Mail Address (if known)	
			☐ Individual capacity
		Defendant No. 4	
		Name	
		Job or Title (if known)	
		Address	
		-	City State Zip Code
		County	
		Telephone Number	
		E-Mail Address (if known)	
			☐ Individual capacity ☐ Official capacity
II.	Basis	for Jurisdiction	
	immu <i>Feder</i>	nities secured by the Constitution a	te or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 88 (1971)</i> , you may sue federal officials for the violation of certain
	A.	Are you bringing suit against (che	ck all that apply):
		Federal officials (a <i>Bivens</i> cl	aim)
		State or local officials (a § 1	
		State of local officials (a § 1	903 Claimi)
	В.	the Constitution and [federal laws	ing the "deprivation of any rights, privileges, or immunities secured by s]." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials?
		Nonprofit school of	PEID: 02306500, PRCN: 201230227937
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what con officials?	only recover for the violation of certain constitutional rights. If you stitutional right(s) do you claim is/are being violated by federal

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendant offered College education while unpermitted by State

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

The event occurred at 408 Broadway, New York, NY 10013

B. What date and approximate time did the events giving rise to your claim(s) occur?

The date of the events is from September 2011 to year 2014.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Professional Business College redrawn funds from my FAFSA Tuitions from the year 2011 to 2014, 2015. At the cost of that, I was provided with a degree that was unaccredited and my credits were non-transferable. It is the same complaint I am making based on this statement against Long Island business Institute.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want the court to obtain full reimburg ment to my FaFsa account for the amount charged from year 2011 to 2014.

Grants total: Professional Business College 3 for the total disbursed amount of \$11,100 and total awarded amount of \$13,923. year 2011 to 2014.

Grants total: Cong Island Business Institute 1 for the total disbursed amount of \$2,865 and total awarded amount of \$5,730. year 2014 to 2015.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: $02 - 11 - 2022$			
	Signature of Plaintiff Printed Name of Plaintiff	Moise-Lena :	JEAN - LOW	ūs.
В.	For Attorneys			
	Date of signing.			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	F-mail Address			



Daviel Patrick Moynihan
Whited startes Court house
500 Pearl street
New York, Ny 10007-1312

MINER DE MINES

SDNY PRO SE OFFICE

Moise-Lena Jean-Lowis 150 Richmond Terr. Staten Island, NY 10301